



# Office of the State Fire Marshal Request Form for:



- |  |   |
|--|---|
| <input type="checkbox"/> Life Safety House   | <input type="checkbox"/> Dalmatian/Sparky Suit                |
| <input type="checkbox"/> Sparky Hazard House | <input type="checkbox"/> Patches and Pumper (in select areas) |
| <input type="checkbox"/> Buzz E Smoke Alarm  |   |

|                                  |   |                |                             |
|----------------------------------|---|----------------|-----------------------------|
| Instructions                     | 1. Please type or print clearly<br>2. Please fill out as complete as possible<br>3. Return to State Fire Marshal's Office with signature/typed name<br>Fax: 801-284-6351 or<br>mail to: Office of the State Fire Marshal, 5272 S College Dr, Suite 302, Murray, UT 84123-2611 |                |                             |
|                                  | Department Name   | Contact Person | Phone number with area code |
| Mailing Address, City, State Zip |   |                | Alt phone number            |
| Email                            |   |                | Fax number                  |

## List Three Possible Dates

| Choice #1     |             |      | Choice #2     |      |      | Choice #3     |      |      |
|---------------|-------------|------|---------------|------|------|---------------|------|------|
|               | Date m/d/yy | Time |               | Date | Time |               | Date | Time |
| Delivery Date |             |      | Delivery Date |      |      | Delivery Date |      |      |
| Event Start   |             |      | Event Start   |      |      | Event Start   |      |      |
| Event End     |             |      | Event End     |      |      | Event End     |      |      |
| Pick Up Date  |             |      | Pick Up Date  |      |      | Pick Up Date  |      |      |

|  |  |  |
|--|--|--|
| <b>Type of Event</b><br><input type="checkbox"/> School Program<br><input type="checkbox"/> Fire Dept Event<br><input type="checkbox"/> EMS Event<br><input type="checkbox"/> Other:<br><br><input type="checkbox"/> We are a RiskWatch Safe Community | <input type="checkbox"/> Safety Fair<br><input type="checkbox"/> City or Town Fair<br><input type="checkbox"/> County Fair<br><br><input type="checkbox"/> We can pick up <input type="checkbox"/> We can return | <b>Have you invited the following?</b><br><input type="checkbox"/> Safe Kids Coalition<br><input type="checkbox"/> Law Enforcement<br><input type="checkbox"/> Local EMS<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Local Risk Watch Coalition<br><input type="checkbox"/> Other Injury Prevention Groups |
|--|--|--|

|  |         |       |
|--|---------|-------|
| Describe your event:   |         |       |
| Location of Event  | Address | Phone |
| Delivery Location, if different  | Address | Phone |
| I agree that while in the above listed organization's possession, all policies for the Life Safety House will be followed. In addition, I agree to notify the State Fire Marshal's Office of any damages of the Life Safety House or any of its contents. We will follow all applicable laws while using the Life Safety House and hold harmless the State, Department of Public Safety, and the Fire Marshal's Office for any negligence as a result of misconduct or improper use by the user. |         |       |
| Signature (by typing in your name you agree to the above statement)  |         | Date  |

|                                 |  |  |
|---------------------------------|--|--|
| For State Fire Marshal Use Only |  |  |
| Approval Date                   |  |  |
| Disapproved due to:             |  |  |
| Conf. Sent                      |  |  |
| Date/Time of Delivery           |  |  |
| Date/Time of Pick-up            |  |  |